

## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title :: METHOD OF INPUT OF A SECURITY  
CODE BY MEANS OF A TOUCH SCREEN  
FOR ACCESS TO A FUNCTION, AN  
APPARATUS OR A GIVEN LOCATION,  
AND DEVICE FOR IMPLEMENTING THE  
SAME  
Attorney Docket Number:: ICB0160  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 5  
Small Entity?:: No  
Latin Name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWITZERLAND  
Status:: Full Capacity

Given Name:: Darryl  
Middle Name::  
Family Name:: GAUTHEY  
Name Suffix::  
City of Residence:: Yverdon  
State or Province of Residence::  
Country of Residence:: SWITZERLAND  
Street of mailing address:: Rue de la Faïencerie 2  
City of mailing address:: Yverdon  
State or Province of mailing address::  
Country of mailing address:: SWITZERLAND  
Postal or Zip Code of mailing address:: CH-1400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWITZERLAND  
Status:: Full

Given Name:: Pierre-Andre  
Middle Name::  
Family Name:: FARINE  
Name Suffix::  
City of Residence:: Neuchâtel  
State or Province of Residence::  
Country of Residence:: SWITZERLAND  
Street of mailing address:: Port-Roulant 12

City of mailing address:: Neuchâtel  
State or Province of mailing address::  
Country of mailing address:: SWITZERLAND  
Postal or Zip Code of mailing address:: CH-2000

## Correspondence Information

Correspondence Customer Number :: 24203

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone Number:: (703) 979-5700

Fax Number:: (703) 979-7429

E-Mail address:: g&s@szipl.com

## Representative Information

Representative Customer Number::	24203	
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## **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

## **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
CH	1990/02	11/26/2002	Yes

## **Assignee Information**

Assignee name:: Asulab S.A.  
Street of mailing address:: Rue des Sors 3  
City of mailing address:: Marin  
State or province of mailing address::  
Country of mailing address:: SWITZERLAND  
Postal or Zip Code of mailing address:: CH-2074